



- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

EXAMPLE:

Yes ☒ No ☐

NOTIFICATION OF TERMINATION OF COMPANY MANAGEMENT EMPLOYEE

EMPLOYEE INFORMATION

I understand that when a qualified manager or supervisor of a license has terminated his/her position that the Board shall be notified of the termination **in writing** within fourteen (14) days of termination.

Yes ☐
No ☐

I understand that a termination form shall be required for **each** employee that is terminated. (Note: A list of terminated employees not on a prescribed form will not be processed.)

Yes ☐
No ☐

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

I understand that if a termination form is NOT filled out in its entirety or pertinent information NOT submitted, then it will **not** be processed by the Private Security Bureau.

Yes ☐
No ☐

I understand that a Manager or Supervisor **must be replaced** within sixty (60) days of the termination date. (Note: If replacing a manager for a licensed company, please refer to the link provided for additional instructions: www.txdps.state.tx.us/psb/docs/InstrForReplacementMgr.pdf.)

Yes ☐
No ☐

I understand that a Notification of Termination merely states that an employee was terminated by the current employer. However, a termination **does not** remove the individual from the company employee list.

Yes ☐
No ☐

Company/School
Name

Company/School
License Number

Terminated Employee
Printed Last Name

First
Name

M.I.

Suffix
(If Any)

Terminated Employee
Social Security Number

- -

Effective Date Of
Termination (MM/DD/YYYY)

/ /

TERMINATION INFORMATION (CHECK ALL THAT APPLY)

☐ Qualified Manager
☐ Owner

☐ Corporate Officer
☐ Partner

☐ Shareholder
☐ Supervisor

As required, I am enclosing the terminated employee's **Pocket Card** as part of this Notification of Termination.

Yes ☐
No ☐ *The Pocket Card was not returned.

SUPPLEMENTAL INFORMATION (REQUIRED WITH THIS APPLICATION)

The termination of a Corporate Officer requires the submission of a PSB-07 form and Board Minutes along with this notification.

The termination of a Shareholder requires the submission of a PSB-07 form, Board Minutes and a Bill of Sale along with this notification.

ACTIVE OWNER OR MANAGER INFORMATION

Active Owner or Manager
Printed Last Name

First
Name

I verify that the information provided is true and correct, and I understand that this is an **official Government record** and that any false statement made on this document or any other supplement provided to the Department may result in **criminal prosecution**.

Active Owner or Manager Signature _____ Date ____ / ____ / ____

This form and attachments can be faxed to (512) 424-7726 or forwarded by mail to:

**Texas Department of Public Safety
Private Security MSC 0242
PO Box 4087
Austin, TX 78773-0001**